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**FROM: Winston Hsu, PATENT AGENT, REG. NO. : 41,526**

**SERIAL NO.: 10/063,885**

**ATTORNEY DOCKET NO.: CEIP0041USA**

**SUBJECT: RESPONSE TO OFFICE ACTION MAILED**  
**ON 02/26/2004**

**TOTAL PAGES: 12PAGES (INCLUDING COVER PAGE)**

**Winston Hsu 2004/05/13**

**CEIP0041USA0\_A2\_2**

PTO/SB/97 (08-00)  
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APPLICATION NUMBER: 10/063,885

PAPERS INCLUDED:

(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Response to the Office Action	8 PAGES

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PTO/SB/21 (08-03)

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/063,885
	Filing Date	05/21/2002
	First Named Inventor	Ko-Chien Chuang
	Art Unit	2182
	Examiner Name	Perveen, Rehana
	Attorney Docket Number	CEIP0041USA
Total Number of Pages in This Submission		10

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks  		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Winston Hsu, Reg. No.: 41,526	
Signature	<i>Winston Hsu</i>	
Date	5/12/2004	

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature		Date	

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PTO/SB/17 (10-03)

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**FEE TRANSMITTAL**  
**for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 0.00

**Complete if Known**

Application Number	10/063,885
Filing Date	05/21/2002
First Named Inventor	Ko-Chien Chuang
Examiner Name	Perveen, Rehana
Art Unit	2182
Attorney Docket No.	CEIP0041USA

<b>METHOD OF PAYMENT (check all that apply)</b>		<b>FEE CALCULATION (continued)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		<b>3. ADDITIONAL FEES</b>	
<input checked="" type="checkbox"/> Deposit Account:		Large Entity Small Entity	
Deposit Account Number: 50-3105		Fee Code (\$)	
Deposit Account Name: North America Intellectual Property Corp.		Fee Description	
The Director is authorized to: (check all that apply)		Fee Paid	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Small Entity			
Fee Code (\$)		Fee Description	
Fee Code (\$)		Fee Paid	
1001 770 2001 385 Utility filing fee			
1002 340 2002 170 Design filing fee			
1003 530 2003 285 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 180 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$ ) 0.00			
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>			
Total Claims		Extra Claims Fee from below Fee Paid	
Independent Claims		-20** = X	
Multiple Dependent		-3** = X	
Large Entity Small Entity		Fee Description	
Fee Code (\$)		Fee Code (\$)	
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 ** Reissue independent claims over original patent			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$ ) 0.00			
**or number previously paid, if greater; For Reissues, see above			
		Other fee (specify)	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$ ) 0.00	

<b>SUBMITTED BY</b>		<b>(Complete if applicable)</b>	
Name (Print/Type)	Winston Hsu	Registration No. (Attorney/Agent)	41,526
Signature	<i>Winston Hsu</i>	Telephone	886289237350
		Date	5/12/2004

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MAY 14 2004

TC/A.U.: 2182

5 Applicant: Chuang, Ko-Chien  
Examiner: Perveen, Rehana  
Filing Date: 05/21/2002  
Application No.: 10/063,885  
Confirmation No.: 2359  
10 Docket No.: CEIP0041USA  
Customer No.: 27765

OFFICIAL

Title: PERSONAL DIGITAL ASSISTANT SYSTEM

15 To: Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

Subject: Response to the office action dated 02/26/2004

20

Dear Sir/Madam:

In response to the Office action of 02/26/2004, please amend  
the above-identified application as follows:

25

Amendments to the Claims are reflected in the listing of claims  
that begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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